

CRIMINAL RECORD STATEMENT**Foster Family Home/Certified Family Home**

State law requires that persons associated with licensed foster family homes and certified family homes be fingerprinted, disclosing any U.S. convictions, and any convictions or arrests for any crime against, a child or spousal/cohabitant abuse. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you have.

Have you ever been convicted of a crime in California? ☐ NO ☐ YES

Have you ever been convicted of a crime in another state or federal court? ☐ NO ☐ YES

Have you ever been arrested for any crime against a child or spousal/cohabitant abuse? ☐ NO ☐ YES

If you answer YES, give details on the back of this page indicating the nature and circumstances of each conviction and/or arrest and the date and location in which each crime, arrest and conviction occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) AND/OR ARREST(S) (THAT ARE STATED ABOVE), THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) AND/OR ARREST(S), MAY RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

FACILITY NAME		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Person Completing This Form:

If you have been convicted of a crime in California, another state, or in federal court, or have been arrested for any crime against a child or spousal/cohabitant abuse, provide the following information:

What was the crime that you were convicted of or arrested for? _____

In which state and city did you commit the crime for which you were arrested or convicted? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

Signature _____ *Date* _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, and/or arrest for any crime against a child or spousal/cohabitant abuse, review the person's statement and discuss it with your Licensing Program Analyst(LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 Et Seq.), notice is given for the request of the Social Security Number (SSN) on this form.

The California Department of Social Services is required to conduct a criminal record check by Health and Safety Code Sections 1522, 1568.09, 1569.17 and 1596.871. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check. No disclosure of personal information will be made unless permitted by the Federal Privacy Act and the California Information Practices Act. Pursuant to Civil Code Section 1798.24(e), disclosure may be made to another state or law enforcement agency or governmental entity.

If you have any questions about this form, or want access to any personal information maintained on you by this Department, please contact your local licensing office.